

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: FAIRVIEW MEADOWS (310383)

Address: 2310 HILLSDALE DRIVE EAST, BROOKFIELD, WI 53005

License Status: REGULAR

Licensed/Certified/Registered 05/01/1991

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096431 **End Date:** 02/13/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008896 Served 03/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		

Survey ID: 0095677 **End Date:** 09/28/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008841 Served 10/07/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(2)(b)	ADJUST STAFFING TO MEET TEMPORARY NEEDS	02/08/2006	Yes
83.21(4)(o)	MEDICATIONS	02/08/2006	Yes
83.32(1)(a)	ASSESSMENT AND ISP	02/08/2006	Yes
83.32(2)(a)1	PHYSICAL HEALTH	02/08/2006	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	02/08/2006	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	02/08/2006	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/08/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0093021 **End Date:** 07/19/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008731 Served 07/29/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	09/28/2005	No

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Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Enforcement History

Date: 10/06/2005 **SOD #**10008841 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(o)
FORFEITURE---83.42(3)(f)

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CLASS CS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 11/29/2005

Date Investigation Completed: 02/13/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10008896
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10008896
MEDICATIONS	NOT SUBSTANTIATED	

Date Complaint Received: 08/18/2005

Date Investigation Completed: 09/28/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	10008841
MEDICATIONS	SUBSTANTIATED	10008841
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10008841
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 06/09/2005

Date Investigation Completed: 09/28/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

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